

# **WAIVER OF RIGHT TO REVOKE CONSENT INDEPENDENT ADOPTION PROGRAM**

Original: Court Record  
Copy: Birth Parent  
Copy: Case Record

**NOTE TO BIRTH PARENT:** By signing this form you are ending your right to revoke the independent adoption placement agreement or consent to adoption that you signed. Do not sign this form unless you want the adopting parent(s) named below to adopt your child.

On \_\_\_\_\_, I signed a consent to adoption or an independent adoption placement agreement ("the consent") in which I agreed to the adoption of my child, \_\_\_\_\_, born on \_\_\_\_\_, by \_\_\_\_\_. In this consent, I stated that I understood that I may revoke the consent during the 30-day period beginning on the date the consent was signed.

I understand that by signing this form I am making the consent a permanent and irrevocable consent to adoption. This means I will not be able to gain custody of my child unless the petitioner(s)/prospective adoptive parent(s) agree(s) to withdraw their petition for adoption or the court denies the adoption petition.

I waive (give up) my right to revoke my consent to the adoption of said child by said adopting parent(s).

SIGNATURE OF PARENT

DATE SIGNED

I, \_\_\_\_\_, have witnessed the signing of this Waiver of Right to Revoke Consent by \_\_\_\_\_ on \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_.

(See Family Code Section 8814.5)

Witness in California: I am

- ☐ A representative of the California Department of Social Services. Date of interview with birth parent: \_\_\_\_\_.
- ☐ A representative of the \_\_\_\_\_, a delegated county adoption agency. Date of interview with birth parent: \_\_\_\_\_.
- ☐ A judicial officer of \_\_\_\_\_ California court of record. (The waiver may be signed in the presence of a judicial officer in California only if a representative of the department or a delegated county adoption agency is not reasonably available to interview the birth parent and the birth parent is represented by independent legal counsel.)

Witness outside of California: I am

- ☐ A representative of \_\_\_\_\_, a public adoption agency licensed or otherwise approved under the laws of the state of \_\_\_\_\_, the state where the waiver of right to revoke consent is being signed.
- ☐ An individual licensed or otherwise certified as a clinical social worker under the laws of \_\_\_\_\_, the state where the waiver of right to revoke consent is being signed.
- ☐ A judicial officer of the \_\_\_\_\_, a court of record in the state of \_\_\_\_\_, the state where the waiver of right to revoke consent is being signed and where the birth parent is represented by independent legal counsel.

**NOTE:** The waiver may be signed outside of California only if the birth parent resides outside of California or is located outside of California for an extended period of time unrelated to the adoption.

SIGNATURE OF WITNESS

TELEPHONE:

ADDRESS:

NAME, ADDRESS AND TELEPHONE OF INDEPENDENT LEGAL COUNSEL FOR BIRTH PARENT(S) (IF APPLICABLE):